

February 24, 2019

To Whom it May Concern (regarding SB 754):

My name is Carol Lovell, I am 62-years-old and have held a registered nursing license in the State of Oregon for nearly 41 years. For the first 25 years of my career I worked in an acute care hospital, primarily as an intensive care unit (ICU) nurse and spent 12 years of that time as the manager of an ICU. I enjoyed my position very much, was very happy with my salary, and was not seeking a change; however, a call from the director of the local community college nursing program was the catalyst to change directions and become a nurse educator. I have been in this current position for the past 16 years.

When I left the manager position, I held a BSN degree and was making \$82,000/year. My new salary as a nursing instructor at Blue Mountain Community College fell to \$52,000/year with the expectation that I obtain a master's degree in the next few years. I struggled with the decrease in salary but decided to accept the position as I knew I could continue to work weekends, holidays, and other time off at the hospital to make up the difference. Little did I know that nurse educators typically work 50 – 60 hours per week. Working additional hours to make ends meet was exhausting and personal life was nonexistent: work-life balance was not possible and continues to be a constant struggle. On top of that, I started an MS program and completed my degree during the first four years of the instructor position.

My journey of becoming a nursing faculty member is very typical: nurses do not usually begin their careers thinking they will become an educator. The reasons I have remained in the nurse educator role is because I love to teach and feel I am more valuable to the nursing profession and my community as an educator than a bedside nurse due to the larger impact. I have assisted in educating approximately 400 nurses that have been added to the workforce in my time at BMCC. My current salary is approximately \$90,000 annually: if I were still in a manager's position at the local hospital the salary would be approximately \$35,000 greater.

Following are some excerpts from the National League for Nursing's website: National Education Statistics to further illustrate the national problem.

"In March 2014, Peter McMEnamin, for the American Nurses Association, wrote a similar comment about the faculty shortage strain using U.S. Department of Labor Bureau of Labor Statistics (BLS) of Employment Projections for 2012-2022. "BLS projects that there will need to be 35 percent more faculty members to meet the expected increase in demand. In addition, 10,200 current faculty members are expected to retire. **Therefore 34,200 new nursing instructors will be needed by 2022.** Could the collected colleges of nursing recruit 3,420 new nursing instructors per year through 2022?" McMEnamin asks

Drawing on the more recent BLS data, McMEnamin's article reinforced the NLN 2009 facts: "Finding more faculty members and more with a doctorate will be a challenge at today's faculty salaries. BLS estimated that in May 2012 average salaries **for nursing instructors were \$68,640.** 5 This was close to the average salary for **all RNs, \$67,930.** At the same time, average salaries for certified nurse-midwives and nurse practitioners were more than \$91,000. Certified registered nurse anesthetists' average was \$154,390. **Expanding the faculties of nursing colleges will require a commitment to improve compensation.** "

I am one of those 10,200 faculty members, who are expected to retire and plan to do so in June, 2020. I am very concerned about the impact of the nursing faculty shortage and the resulting nursing shortage crisis that is looming in the US. With the state of funding for community colleges as it is, the burden of increasing nursing faculty salaries cannot simply rest with the employers: it must come from elsewhere. Tax credits for faculty seems to be a viable option at this time. Please consider SB 754 a partial solution to this complex problem.

I appreciate your time and attention to this issue and my testimony.

Kind regards,

Carol Lovell, MS, RN